DEPARTMENT OF THE TREASURY • DIVISION OF PENSIONS AND BENEFITS NEW JERSEY STATE HEALTH BENEFITS PROGRAM

STATE BIWEEKLY ACTIVE GROUP BIWEEKLY RATES EFFECTIVE 12/26/2015 TO 12/27/2016

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescription Drug Program #203	
AETNA FREEDOM15 #180	
Single	\$318.34
Member & Spouse/Partner	\$636.68
Family	\$888.17
Parent & Child	\$569.83
NJ DIRECT15 #150	
Single	\$315.18
Member & Spouse/Partner	\$630.37
Family	\$879.37
Parent & Child	\$564.18
AETNA HMO #005	
Single	\$305.04
Member & Spouse/Partner	\$610.08
Family	\$851.06
Parent & Child	\$546.02
HORIZON HMO #011	
Single	\$301.98
Member & Spouse/Partner	\$603.98
Family	\$842.53
Parent & Child	\$540.55
PRESCRIPTION DRUG PROGRAM #203	ψο 10.00
Single	\$85.02
Member & Spouse/Partner	\$170.04
Family	\$237.21
Parent & Child	\$152.18
Medical Plans Available with Prescription [Orug Program #205
AETNA FREEDOM1525 #063	1
Single	\$309.42
Member & Spouse/Partner	\$618.85
Family	\$863.30
Parent & Child	\$553.87
NJ DIRECT1525 #051	4000.07
Single	\$306.36
Member & Spouse/Partner	\$612.73
Family	\$854.74
Parent & Child	\$548.38
AETNA LIBERTY PLAN #067	ψ340.00
	\$00¢.00
Single Member & Spouse/Partner	\$236.39 \$472.78
Family	\$659.53 \$423.14
Parent & Child OMNIA HEALTH PLAN #057	\$423.14
	#000 CO
Single	\$236.39
Member & Spouse/Partner	\$472.78
Family	\$659.53
Parent & Child	\$423.14
PRESCRIPTION DRUG PROGRAM #205	
Single	\$77.11
Member & Spouse/Partner	\$154.23
Family	\$215.14
Parent & Child	\$138.03

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STATE BIWEEKLY ACTIVE GROUP BIWEEKLY RATES EFFECTIVE 12/26/2015 TO 12/27/2016

PLAN/COVERAGE DESCRIPTION	TOTAL
Medical Plans Available with Prescriptio	n Drug Program #206
AETNA FREEDOM2030 #064	
Single	\$290.95
Member & Spouse/Partner	\$581.92
Family	\$811.77
Parent & Child	\$520.81
NJ DIRECT2030 #052	
Single	\$288.08
Member & Spouse/Partner	\$576.16
Family	\$803.75
Parent & Child	\$515.66
PRESCRIPTION DRUG PROGRAM #206	
Single	\$78.48
Member & Spouse/Partner	\$156.95
Family	\$218.96
Parent & Child	\$140.48
Medical Plans Available with Prescription	n Drug Program #207
AETNA FREEDOM2035 #066	
Single	\$250.22
Member & Spouse/Partner	\$500.45
Family	\$698.13
Parent & Child	\$447.90
NJ DIRECT2035 #056	
Single	\$247.74
Member & Spouse/Partner	\$495.49
Family	\$691.21
Parent & Child	\$443.46
PRESCRIPTION DRUG PROGRAM #207	
Single	\$70.63
Member & Spouse/Partner	\$141.27
Family	\$197.07
Parent & Child	\$126.43

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STATE BIWEEKLY ACTIVE GROUP BIWEEKLY RATES EFFECTIVE 12/26/2015 TO 12/27/2016

PLAN/COVERAGE DESCRIPTION	TOTAL
High Deductible Health Plans with Built In Prescription Drug	
AETNA VALUE HD4000 #092	
Single	\$223.10
Member & Spouse/Partner	\$446.22
Family	\$622.47
Parent & Child	\$399.36
NJ DIRECT HD4000 #090	
Single	\$212.33
Member & Spouse/Partner	\$424.66
Family	\$592.40
Parent & Child	\$380.07
AETNA VALUE HD1500 #093	
Single	\$330.89
Member & Spouse/Partner	\$661.79
Family	\$923.19
Parent & Child	\$592.30
NJ DIRECT HD1500 #091	
Single	\$314.90
Member & Spouse/Partner	\$629.82
Family	\$878.59
Parent & Child	\$563.68

For copayments and deductibles, please refer to the Plan Design Charts on our Web site at: www.nj.gov/treasury/pensions